	•		PART B	FEE(S)	TRANSMITTAL			
•	Complete and send his form, together with applicable fee(s				F.O. DOX 1430			
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T a	NSTRUCTIONS: us for ppropriete. All furthe correlated unless correlated by	m should be used for transespondence in the light of the lelow or directly otherwise	mitting the ISSUE atent, advance ord in Block I, by (a)	FEE and Pers and notif specifying a	UBLICATION FEB (if requirements for new correspondence address	pired). Blocks 1 through 5 should be mailed to the current and/or (b) indicating a separation of the current and the current a	could be completed where correspondence address as rate "FEE ADDRESS" for	
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	Michael M. Rickin ABB Inc. Legal Department-4	-			I hereby certify that States Postal Service addressed to the Mi transmitted to the US	artificate of Malling or Trans thin Fee(s) Transmittal is being with sufficient postage for firs ill Stop ISSUE FEE address PTO (571) 273-2885, on the d	mission  s deposited with the United  t class mail in an envelope  shove, or being facsimile ate indicated below.	
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	FC: 1304 APPLICATION OF FILING DATE		FIRST NAMED INVI		INVENTOR	ATTORNEY DOCKET NO.	CONFIRMATION NO.	
•	10/601,682	06/23/2003		Bernard :	Rafferty	B20020420	9907	
•	TITLE OF INVENTION: CI	entrifuge control s	YSTEM WITH PO	WER LOSS	RIDE THROUGH			
,	APPLN, TYPE SMALL ENTITY nonprovisional NO  EXAMINER  COOLEY, CHARLES E		ISSUB PRE		PUBLICATION FEE	TOTAL PER(S) DUB	DATE DUE	
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	•		en Address <sup>n</sup> (37	2. For prin	ting on the patent front page.	list Mi ab	ael M. Rickin	
	Change of correspondence address or indication of "Pec Addres CFR 1,363).     Change of correspondence address (or Change of Correspondence address form PTO/SB/122) attached.			(1) the names of up to 3 registered patent attorneys or agents OR, alternatively,				
	Address form PTO/SB/1:  "Fee Address" indicate PTO/SB/47; Rev 03-02 (Number is required.	ation form registered attorn			a single firm (having as a member of the single firm (having as a member of the single firm of the single fi			
		PESIDENCE DATA TO	SE PRINTED ON T	HE PATEN	T (print or type)			
	3. ASSIGNEE NAME AND RESIDENCE DATA TO BE PRINTED ON THE PATENT (print or type) PLEASE NOTE: Unless an assignee is identified below, no assignee data will appear on the patent. If an assignee is identified below, the document has been file reported on a set forth in 37 CPR 3.11. Completion of this form is NOT a substitute for filling an assignment.							
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Please check the appropriate assignce category of categories (will not be printed on the patent):							roup entity Government	
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	Advance Order - # o	of Coples	<del>-</del>	DODOUTE TEX				
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	Advance Order - # o	(from status indicated above		<u> </u>	cont is no league claiming Sh	·	CFR 1.27(g)(2).	

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Attention: Commissioner For Patents

From: Michael Rickin

Fax number: 571-273-2885

Fax number: 440-585-7578

No. pages incl. this cover sheet: 3

Telephone number: 440-585-7840

Date: September 30, 2005

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## MESSAGE:

Hon. Commissioner For Patents

RE:

U.S. Patent Application Serial No.: 10/601,682

Confirmation No.: 9907

Payment of Issue and Publication Fees

Dear Sir:

Part B - Fee(s) Transmittal with a signed Certificate of Mailing or Transmission is attached in duplicate as the Issue and Publication fees for the above identified application is to be charged to Deposit Account No. 05-0877.

Respectfully submitted

Michael M. Rickin Reg. No. 26, 984

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